

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation Patriotic Veterans Inc.		3. FEC Identification Number C C30001978
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 540 N. Dearborn St. POB 101239		
(c) City, State and ZIP Code Chicago IL 60610		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. COVERED PERIOD:	FROM	MM / DD / YYYY 06 / 07 / 2022	THROUGH	MM / DD / YYYY 06 / 14 / 2022
5. IS THIS REPORT AN AMENDMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, it amends the report filed on MM / DD / YYYY			
6. (a) DATE OF PUBLIC DISTRIBUTION(S)	MM / DD / YYYY 06 / 07 / 2022			
(b) COMMUNICATIONS TITLE		Anchors Away		
7. THE FILER IS:	(a) <input type="checkbox"/> an Individual (b) <input type="checkbox"/> a Corporation or Labor Organization making communications under 11 CFR 114.10			
	(c) <input checked="" type="checkbox"/> an Unincorporated Organization (d) <input type="checkbox"/> Other, specify: c-4 committee			
8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. CUSTODIAN OF RECORDS				
(a) Name Caprio, D., Paul, ,				
(b) Address (number and street) 155 W. Main St. #302				
(c) City, State and ZIP Code Columbus OH 43215				
(d) Name of Employer or Principal Place of Business (e) Occupation				
10. TOTAL DONATIONS THIS STATEMENT	52500.00			
11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT	45000.00			

Under penalty of perjury I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Caprio, D., Paul, ,

SIGNATURE

Caprio, D., Paul, ,

DATE

[Electronically I

06/06/2022

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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12. Person(s) Sharing/Exercising Control

A. (a) Name Caprio, Daniel, Paul, ,	Transaction ID : F91.000001
(b) Address (number and street) 155 W. Main St. #302	
(c) City, State and ZIP Code Columbus	OH 43215
(d) Name of Employer or Principal Place of Business Paul Caprio & Assoc	(e) Occupation Sole Proprietor

B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor Uihlein, Richard, , , <hr/> Mailing Address of Donor P.O.Box 52 <hr/> City State Zip Lake Bluff IL 60044	Date of Receipt <div style="display: flex; justify-content: space-around;"><div>M M / D D / Y Y Y Y Y Y 06 06 2022</div></div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52500.00</div> Transaction ID : F92.000001
B. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt <div style="display: flex; justify-content: space-around;"><div>M M / D D / Y Y Y Y Y Y</div></div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
C. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt <div style="display: flex; justify-content: space-around;"><div>M M / D D / Y Y Y Y Y Y</div></div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
D. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt <div style="display: flex; justify-content: space-around;"><div>M M / D D / Y Y Y Y Y Y</div></div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
E. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt <div style="display: flex; justify-content: space-around;"><div>M M / D D / Y Y Y Y Y Y</div></div> <hr/> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
SUBTOTAL of Donations This Page (optional).....▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">52500.00</div>	
TOTAL This Period (last page this line number only).....▶ (carry total from last page to Line 10)	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">52500.00</div>	

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee**Advertising Associates**Mailing Address of Payee
10491 FM 2451City State Zip Code
Scurry TX 75158Name of Employer Occupation
Dorothy Baker media consultantPurpose of Disbursement (Including title(s) of communication(s))
Purchase of radio ads "Anchors Away"

Date of Disbursement or Obligation

MM / DD / YYYY
06 / 06 / 2022

Amount

45000.00

Communication Date

MM / DD / YYYY
06 / 07 / 2022**Transaction ID : F93.000001**Name of Federal Candidate
Laxalt, Adam, , ,Office Sought: ☐ House State: NV
☒ Senate District: _____
☐ President

Disbursement/Obligation For: 2022

☒ Primary ☐ General☐ Other (specify) ▶ _____**Transaction ID : F94.000002**

Name of Federal Candidate

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Disbursement/Obligation For:

☐ Primary ☐ General☐ Other (specify) ▶ _____

Name of Federal Candidate

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Disbursement/Obligation For:

☐ Primary ☐ General☐ Other (specify) ▶ _____**B. Full Name (Last, First, Middle Initial) of Payee**

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Purpose of Disbursement (Including title(s) of communication(s))

Date of Disbursement or Obligation

MM / DD / YYYY

Amount

Communication Date

MM / DD / YYYY

Name of Federal Candidate

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Disbursement/Obligation For:

☐ Primary ☐ General☐ Other (specify) ▶ _____

Name of Federal Candidate

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Disbursement/Obligation For:

☐ Primary ☐ General☐ Other (specify) ▶ _____

Name of Federal Candidate

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Disbursement/Obligation For:

☐ Primary ☐ General☐ Other (specify) ▶ _____**SUBTOTAL** of Disbursements/Obligations This Page (optional)..... ▶

45000.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 11)

45000.00